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FACSIMILE TRANSMISSION COVER SHEET

Date: February 14, 2006

To: United States Patent and Trademark Office
Examiner: Nadav, Ori; Art Unit: 2811

Fax: (571) 273-8300

Re: **Application Serial No.: 09/754,806**
Filing Date: 1/2/2001; First-Named Inventor: Liu
Attorney Docket No.: 00CON122P-DIV1

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 26

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated November 4, 2005.

Payment for First Month Extension Fee in the Amount of \$120.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 00CON122P-DIV1

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Liu, et al.

SERIAL NO.: 09/754,806 FILED: January 2, 2001

FOR: On-Chip Inductors

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$ 120.00
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☒ TOTAL EXTENSION FEE \$ 120.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **25	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

-1-

00CXT0271T-DIV1

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Attorney Docket No.: 00CON122P-DIV1

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

2/14/06

By:


Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Date

2/14/06

Signature

Christina Carter

Name of Person Performing Facsimile Transmission

Christina Carter

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